## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/15/2021 FORM APPROVED OMB NO. 0938-0391

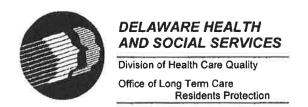
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	А. В	) MULTIPLE CONSTRUCTION BUILDING	(X3) DATE SURVEY COMPLETED	
		085053	B. V	VING	01/11/	2021
NAME OF PROVIDER OR SUPPLIER  THE MOORINGS AT LEWES				STREET ADDRESS, CITY, STATE, ZIP CO 17028 CADBURY CIRCLE LEWES, DE 19958		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETE DATE
F000	was conducted to Division of Healt Term Care Resident 2021 to January to be in compliar implemented the Control and Prespractices to preposus on the first three (23).	cused Infection Control Survey by the State of Delaware h Care Quality, Office of Long dents Protection from January 8, 11, 2021. The facility was found not with 42 CFR 483.80 and has CMS and Centers for Disease vention (CDC) recommended pare for COVID-19. The facility rest day of the survey was twenty-	FOOO	TITLE		X6) DATE

Any Deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of the survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

Electronically Signed

01/15/2021



DHSS - DHCQ 3 Mill Road, Suite 308 Wilmington, Delaware 19806 (302) 421-7400

## **STATE SURVEY REPORT**

Page 1 of 1

NAME OF FACILITY: The Moorings at Lewes

**DATE SURVEY COMPLETED: January 11, 2021** 

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	The State Report incorporates by reference and also cites the findings specified in the Federal Report.  A COVID-19 Focused Infection Control Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from January 8, 2021 to January 7, 2021 Terms Care Residents		
	uary 11, 2021. The facility was found to be in compliance with 42 CFR §483.80 and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility census on the first day of the survey was twenty-three (23).		
3201	Regulations for Skilled and Intermediate Care Facilities		
3201.1.0	Scope		
3201.1.2	Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.		
	This requirement is met as evidenced by: No deficiencies were identified at the time of the survey.	Aqued	January 15, 2021

Provider's Signature Why

(Whyne NHA Title Administrato /Exec Dir Date 1/15/2021